

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

( ) Declaration submitted with initial filing or  
 ( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET <b>PU4995USw</b>
First Names Inventor: <b>Bacus</b>
<b><u>Complete if known:</u></b> App No.:
Filing Date
Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## PREDICTIVE MARKERS IN CANCER THERAPY

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ x ] was filed on \*\*\*\*\* as United States application Serial No. \_\_\_\_\_ or PCT International Application Number PCT/US03/12739 filed April 25, 2003 and was amended on (MM/DD/YYYY)  
 \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/389,795	06/19/2002	
2. 60/432,811	12/11/2002	
3. 60/432,943	12/11/2002	
4. 60/451,978	03/05/2003	

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

Continued

ATTORNEY'S DOCKET NUMBER  
PU4995USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

## PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer <b>Number 23347</b> David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398	Direct Telephone Calls to: David J. Levy 919-483-2370
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

100 2	FULL NAME OF INVENTOR <b>BACUS</b>	FAMILY NAME <b>BACUS</b>	FIRST GIVEN NAME <b>Sarah</b>	SECOND GIVEN NAME/INITIAL <b>S.</b>
0	INVENTOR'S SIGNATURE <i>Sarah Bacus</i>			Date: <b>6/24/003</b>
0	RESIDENCE & CITIZENSHIP <b>Tuscon</b>	CITY <b>Tuscon</b>	STATE OR FOREIGN COUNTRY <b>AZ AZ</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS <b>c/o Ventana Medical Systems, Inc., 1910 Innovation Park Drive</b>	CITY <b>Tuscon</b>		STATE & ZIP CODE/COUNTRY <b>AZ 85737 US</b>
200 2	FULL NAME OF INVENTOR <b>HERRIE</b>	FAMILY NAME <b>HERRIE</b>	FIRST GIVEN NAME <b>Myra</b>	SECOND GIVEN NAME/INITIAL <b>R.</b>
0	INVENTOR'S SIGNATURE <i>Myra Herrie</i>			Date:
0	RESIDENCE & CITIZENSHIP <b>Durham</b>	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
2	POST OFFICE ADDRESS <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>		STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
300 2	FULL NAME OF INVENTOR <b>KIRK</b>	FAMILY NAME <b>KIRK</b>	FIRST GIVEN NAME <b>L.</b>	SECOND GIVEN NAME/INITIAL <b>Edward</b>
0	INVENTOR'S SIGNATURE <i>L. Kirk</i>			Date:
0	RESIDENCE & CITIZENSHIP <b>Durham</b>	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
3	POST OFFICE ADDRESS <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>		STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

4-00 2	FULL NAME OF INVENTOR <b>SPECTOR</b>	FAMILY NAME <b>SPECTOR</b>	FIRST GIVEN NAME <b>Neil</b>	SECOND GIVEN NAME/INITIAL <b>L.</b>
0	INVENTOR'S SIGNATURE <i>Son B</i>			Date: <i>6/12/2003</i>
0	RESIDENCE & CITIZENSHIP <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>	
4	POST OFFICE ADDRESS <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>	
5-00 2	FULL NAME OF INVENTOR <b>STOCUM</b>	FAMILY NAME <b>STOCUM</b>	FIRST GIVEN NAME <b>Michael</b>	SECOND GIVEN NAME/INITIAL <b>T.</b>
0	INVENTOR'S SIGNATURE <i>Signature</i>			Date:
0	RESIDENCE & CITIZENSHIP <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>	
5	POST OFFICE ADDRESS <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>	
6-00 2	FULL NAME OF INVENTOR <b>XIA</b>	FAMILY NAME <b>XIA</b>	FIRST GIVEN NAME <b>Wenle</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE <i>Signature</i>			Date:
0	RESIDENCE & CITIZENSHIP <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>	
6	POST OFFICE ADDRESS <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>	

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

( ) Declaration submitted with initial filing or  
 ( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET <b>PU4995USw</b>
First Names Inventor: <b>Bacus</b>
<b><u>Complete if known:</u></b>
App No.:
Filing Date
Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## PREDICTIVE MARKERS IN CANCER THERAPY

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ x ] was filed on \*\*\*\*\* as United States application Serial No. \_\_\_\_\_ or PCT International Application Number PCT/US03/12739 filed April 25, 2003 and was amended on (MM/DD/YYYY)  
 \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1.			
2.			
3.			
4.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/389,795	06/19/2002	
2. 60/432,811	12/11/2002	
3. 60/432,943	12/11/2002	
4. 60/451,978	03/05/2003	

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

ATTORNEY'S DOCKET NUMBER  
**PU4995USw**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to **Customer Number 23347**

David J. Levy  
Corporate Intellectual Property  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

David J. Levy  
919-483-2370

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME <b>BACUS</b>	FIRST GIVEN NAME <b>Sarah</b>	SECOND GIVEN NAME/INITIAL <b>S.</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Tuscon</b>	STATE OR FOREIGN COUNTRY <b>AZ</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>c/o Ventana Medical Systems, Inc., 1910 Innovation Park Drive</b>	CITY <b>Tuscon</b>	STATE & ZIP CODE/COUNTRY <b>AZ 85737 US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>HERRLE</b>	FIRST GIVEN NAME <b>Myra</b>	SECOND GIVEN NAME/INITIAL <b>R.</b>
0	INVENTOR'S SIGNATURE	Signature <i>Myra R. Herrle</i>		Date: <i>25 July 2003</i>
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>KIRK</b>	FIRST GIVEN NAME <b>L.</b>	SECOND GIVEN NAME/INITIAL <b>Edward</b>
0	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

2	FULL NAME OF INVENTOR <b>SPECTOR</b>	FAMILY NAME <b>SPECTOR</b>	FIRST GIVEN NAME <b>Neil</b>	SECOND GIVEN NAME/INITIAL <b>L.</b>
	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR <b>STOCUM</b>	FAMILY NAME <b>STOCUM</b>	FIRST GIVEN NAME <b>Michael</b>	SECOND GIVEN NAME/INITIAL <b>T.</b>
	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR <b>XIA</b>	FAMILY NAME <b>XIA</b>	FIRST GIVEN NAME <b>Wenle</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
PU4995USw

First Names Inventor:  
Bacus

Complete if known:  
App No.:

Filing Date

Group Art Unit:

Declaration submitted with initial filing or  
 Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## PREDICTIVE MARKERS IN CANCER THERAPY

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ x ] was filed on \*\*\*\*\* as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number PCT/US03/12739 filed April 25, 2003 and was amended on (MM/DD/YYYY)  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/389,795	06/19/2002	
2. 60/432,811	12/11/2002	
3. 60/432,943	12/11/2002	
4. 60/451,978	03/05/2003	

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

ATTORNEY'S DOCKET NUMBER  
**PU4995USw**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(e) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
Customer Number 23347 and Customer Number 20462

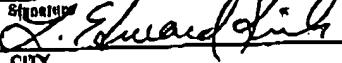
Address all correspondence and telephone calls to Customer Number **23347**

Direct Telephone Calls to:

David J. Levy  
919-483-2370

David J. Levy  
Corporate Intellectual Property  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709-3398

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR <b>BACUS</b>	FAMILY NAME <b>BACUS</b>	FIRST GIVEN NAME <b>Sarah</b>	SECOND GIVEN NAME/INITIAL <b>S.</b>
0	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP <b>Tucson</b>	CITY <b>Tucson</b>	STATE OR FOREIGN COUNTRY <b>AZ</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS <b>c/o Ventana Medical Systems, Inc., 1910 Innovation Park Drive</b>	CITY <b>Tucson</b>	STATE & ZIP CODE/COUNTRY <b>AZ 85737 US</b>	
2	FULL NAME OF INVENTOR <b>HERRLE</b>	FAMILY NAME <b>HERRLE</b>	FIRST GIVEN NAME <b>Myra</b>	SECOND GIVEN NAME/INITIAL <b>R.</b>
0	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP <b>Durham</b>	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
2	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>	
2	FULL NAME OF INVENTOR <b>KIRK</b>	FAMILY NAME <b>KIRK</b>	FIRST GIVEN NAME <b>L.</b>	SECOND GIVEN NAME/INITIAL <b>Edward</b>
0	INVENTOR'S SIGNATURE 			Date <b>7/21/03</b>
0	RESIDENCE & CITIZENSHIP <b>Durham</b>	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
3	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>	

2	FULL NAME OF INVENTOR  <b>SPECTOR</b>	FAMILY NAME  <b>SPECTOR</b>	FIRST GIVEN NAME  <b>Neil</b>	SECOND GIVEN NAME/INITIAL  <b>L.</b>
	INVENTOR'S SIGNATURE  Signature			Date:
0	RESIDENCE & CITIZENSHIP  <b>Durham</b>	STATE OR FOREIGN COUNTRY  <b>NC</b>	COUNTRY OF CITIZENSHIP  <b>US</b>	
4	POST OFFICE ADDRESS  <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY  <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY  <b>North Carolina 27709, US</b>	
2	FULL NAME OF INVENTOR  <b>STOCUM</b>	FAMILY NAME  <b>STOCUM</b>	FIRST GIVEN NAME  <b>Michael</b>	SECOND GIVEN NAME/INITIAL  <b>T.</b>
	INVENTOR'S SIGNATURE  Signature			Date:
0	RESIDENCE & CITIZENSHIP  <b>Durham</b>	STATE OR FOREIGN COUNTRY  <b>NC</b>	COUNTRY OF CITIZENSHIP  <b>US</b>	
5	POST OFFICE ADDRESS  <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY  <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY  <b>North Carolina 27709, US</b>	
2	FULL NAME OF INVENTOR  <b>XIA</b>	FAMILY NAME  <b>XIA</b>	FIRST GIVEN NAME  <b>Wenle</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE  Signature			Date:
0	RESIDENCE & CITIZENSHIP  <b>Durham</b>	STATE OR FOREIGN COUNTRY  <b>NC</b>	COUNTRY OF CITIZENSHIP  <b>US</b>	
6	POST OFFICE ADDRESS  <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY  <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY  <b>North Carolina 27709, US</b>	

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

( ) Declaration submitted with initial filing or  
 ( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET <b>PU4995USw</b>
First Names Inventor: <b>Bacus</b>
<i>Complete if known:</i> App No.:
Filing Date
Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## PREDICTIVE MARKERS IN CANCER THERAPY

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ x ] was filed on \*\*\*\*\* as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number PCT/US03/12739 filed April 25, 2003 and was amended on (MM/DD/YYYY)  
 \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/389,795	06/19/2002	
2. 60/432,811	12/11/2002	
3. 60/432,943	12/11/2002	
4. 60/451,978	03/03/2003	

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

ATTORNEY'S DOCKET NUMBER  
**PU4995USw**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

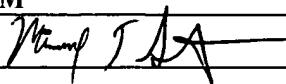
		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to <b>Customer Number 23347</b> David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398	Direct Telephone Calls to:  David J. Levy 919-483-2370
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR <b>BACUS</b>	FAMILY NAME <b>BACUS</b>	FIRST GIVEN NAME <b>Sarah</b>	SECOND GIVEN NAME/INITIAL <b>S.</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Tuscon</b>	STATE OR FOREIGN COUNTRY <b>AZ</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>c/o Ventana Medical Systems, Inc., 1910 Innovation Park Drive</b>	CITY <b>Tuscon</b>	STATE & ZIP CODE/COUNTRY <b>AZ 85737 US</b>
2	FULL NAME OF INVENTOR <b>HERRLE</b>	FAMILY NAME <b>HERRLE</b>	FIRST GIVEN NAME <b>Myra</b>	SECOND GIVEN NAME/INITIAL <b>R.</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR <b>KIRK</b>	FAMILY NAME <b>KIRK</b>	FIRST GIVEN NAME <b>L.</b>	SECOND GIVEN NAME/INITIAL <b>Edward</b>
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

2	FULL NAME OF INVENTOR <b>SPECTOR</b>	FAMILY NAME <b>SPECTOR</b>	FIRST GIVEN NAME <b>Neil</b>	SECOND GIVEN NAME/INITIAL <b>L.</b>
0	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
4	POST OFFICE ADDRESS	CITY <b>Research Triangle Park</b>		
	GlaxoSmithKline <b>Five Moore Drive, PO Box 13398</b>			STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR <b>STOCUM</b>	FAMILY NAME <b>STOCUM</b>	FIRST GIVEN NAME <b>Michael</b>	SECOND GIVEN NAME/INITIAL <b>T.</b>
0	INVENTOR'S SIGNATURE	Signature 		
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
5	POST OFFICE ADDRESS	CITY <b>Research Triangle Park</b>		
	GlaxoSmithKline <b>Five Moore Drive, PO Box 13398</b>			STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR <b>XIA</b>	FAMILY NAME <b>XIA</b>	FIRST GIVEN NAME <b>Wenle</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
6	POST OFFICE ADDRESS	CITY <b>Research Triangle Park</b>		
	GlaxoSmithKline <b>Five Moore Drive, PO Box 13398</b>			STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

( ) Declaration submitted with initial filing or  
 ( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET <b>PU4995USw</b>
First Names Inventor: <b>Bacus</b>
<u>Complete if known:</u> App No.:
Filing Date
Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## PREDICTIVE MARKERS IN CANCER THERAPY

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ x ] was filed on \*\*\*\*\* as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number PCT/US03/12739 filed April 25, 2003 and was amended on (MM/DD/YYYY)  
 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/389,795	06/19/2002	
2. 60/432,811	12/11/2002	
3. 60/432,943	12/11/2002	
4. 60/451,978	03/03/2003	

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

ATTORNEY'S DOCKET NUMBER  
**PU4995USw**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to <b>Customer Number 23347</b> David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398	Direct Telephone Calls to:  David J. Levy 919-483-2370
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR <b>BACUS</b>	FAMILY NAME <b>BACUS</b>	FIRST GIVEN NAME <b>Sarah</b>	SECOND GIVEN NAME/INITIAL <b>S.</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Tuscon</b>	STATE OR FOREIGN COUNTRY <b>AZ</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>c/o Ventana Medical Systems, Inc., 1910 Innovation Park Drive</b>	CITY <b>Tuscon</b>	STATE & ZIP CODE/COUNTRY <b>AZ 85737 US</b>
2	FULL NAME OF INVENTOR <b>HERRLE</b>	FAMILY NAME <b>HERRLE</b>	FIRST GIVEN NAME <b>Myra</b>	SECOND GIVEN NAME/INITIAL <b>R.</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR <b>KIRK</b>	FAMILY NAME <b>KIRK</b>	FIRST GIVEN NAME <b>L.</b>	SECOND GIVEN NAME/INITIAL <b>Edward</b>
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

2	FULL NAME OF INVENTOR <b>SPECTOR</b>	FAMILY NAME <b>SPECTOR</b>	FIRST GIVEN NAME <b>Neil</b>	SECOND GIVEN NAME/INITIAL <b>L.</b>
0	INVENTOR'S SIGNATURE 	Date:		
0	RESIDENCE & CITIZENSHIP <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>	
4	POST OFFICE ADDRESS <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>	
2	FULL NAME OF INVENTOR <b>STOCUM</b>	FAMILY NAME <b>STOCUM</b>	FIRST GIVEN NAME <b>Michael</b>	SECOND GIVEN NAME/INITIAL <b>T.</b>
0	INVENTOR'S SIGNATURE 	Date:		
0	RESIDENCE & CITIZENSHIP <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>	
5	POST OFFICE ADDRESS <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>	
2	FULL NAME OF INVENTOR <b>XIA</b>	FAMILY NAME <b>XIA</b>	FIRST GIVEN NAME <b>Wenle</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE 	Date: <b>6/6/2003</b>		
0	RESIDENCE & CITIZENSHIP <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>	
6	POST OFFICE ADDRESS <b>GlaxoSmithKline</b> <b>Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>	